Retirement checks are mailed out the last working day of the month. With automatic direct deposit, your benefit payment is in your account when your financial institution opens for business on the last business day of the month.

Direct deposit eliminates the standard ten-day waiting period to reissue checks not received because of delay or loss of checks in the mail or loss by the recipient. A number of retirees have already elected to use this method to receive their monthly pension payment. Therefore, we encourage you to take advantage of this service.

Mr. Theodore Wilder, Executive Director Employees' Retirement System City Hall Building, Room 309 810 Union Street Norfolk, Virginia 23510

Dear Sir:	
	orize and direct Theodore Wilder, Executive ystem of the City of Norfolk to forward my S per month to the bank to be deposited in my
account No.	and I/we further relieve the Employees'
Retirement System of any liability of the p transferred to the foregoing bank.	
I/We further agree that all the particle foregoing account have signed this agreem account is made, we will notify Mr. Wilder access to this account, he/she will execute	r immediately, and if any new person has
deposited to the account to which he/she is	
	Signature of retiree
	Address
	Signature of any other parties

Date signed

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS. US GOVERNMENT PRINTING OFFICE WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

Standard Form 1199A (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076



DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER		
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only	one)	
		Social Security Fed Salary/Mil. Civilian Pay		
TELEPHONE NUMBER		Supplemental Security Income Mil. Active		
AREA CODE		Civil Service Retirement (OPM)	Mil. Survivor	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension	Other	16.\
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALL OTMENT OF		ecify)
C CLAIM OR PATROLL ID NOMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT		
Prefix Suffix				
PAYEE/JOINT PAYEE CERTIFIC	ATION	JOINT ACCOUNT HO	LDERS' CERTIFICATION (op.	tional)
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE	DATE	SIGNATURE	DAT	E
SIGNATURE	DATE	SIGNATURE	DAT	E
SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)				
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRESS		
	_			
SECTION	3 (TO BE COMPLE	TED BY FINANCIAL INSTIT	TUTION)	
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK
		DEPOSITOR ACCOUNT TIT	LE	DIGIT
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESE	ATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

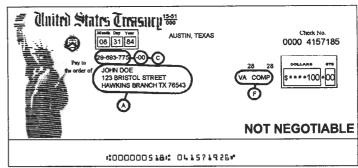
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- C Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.